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LEGAL FORMS

No. 1990-REC
April 2000

DEED IN TRUST (ILLINOIS)



Doc#: 0903408216 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/03/2009 08:48 AM Pg: 1 of 4

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THE GRANTOR, HELEN WOLFF,
a widow and not since remarried,
of the County of COOK and State of Illinois

Above Space for Recorder's use only

for and in consideration of TEN and 00/100
(\$10.00) DOLLARS, and other good and valuable considerations in hand paid, Conveys _____ and

~~WARRANTY~~ /QUIT CLAIMS*)* unto

HELEN WOLFF
10716 So. Green Bay Ave.
Chicago, IL. 60617

(Name and Address of Grantee)

as Trustee under the provisions of a trust agreement dated the 1st day of February, 2009,

and known as Trust Number 2109 (hereinafter referred to as "said trustee," regardless of the number of trustees,) and unto all and every successor or successors in trust under said trust agreement, the following described real estate in the County

of COOK and State of Illinois, to wit:

LOT SEVEN (7) (EXCEPT THE SOUTH SIX (6) INCHES THEREOF) IN MORIER'S SUBDIVISION OF THE WEST HALF OF THE SOUTH EAST QUARTER OF THE NORTH EAST QUARTER OF SECTION EIGHTEEN (18), TOWNSHIP THIRTY SEVEN (37) NORTH, RANGE FIFTEEN (15), EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

SUBJECT TO: Covenants, conditions and restrictions of record and to general R.E. taxes for 2008 and subsequent years.

Permanent Real Estate Index Number(s): 26-18-207-031-0000

Address(es) of real estate: 10716 So. Green Bay Ave., Chicago, IL. 60617

TO HAVE AND TO HOLD the said premises with the appurtenances upon the trusts and for the uses and purposes herein and in said trust agreement set forth.

Full power and authority are hereby granted to said trustee to improve, manage, protect and subdivide said premises or any part thereof: to dedicate parks, street, highways or alleys; to vacate any subdivision or part thereof, and to resubdivide said property as often as desired; to contract to sell; to grant options to purchase; to sell on any terms; to convey either with or without consideration; to convey said premises or any part thereof to a successor or successors in trust and to grant to such successor or successors in trust all of the title, estate, powers and authorities vested in said trustee; to donate, to dedicate, to mortgage, pledge or otherwise encumber said property, or any part thereof; to lease said property, or any part thereof, from time to time, in possession or reversion, by leases to commence in praesenti or in futuro, and upon any terms and for any period or periods of time, not exceeding in the case of any single demise the term of 198 years, and to renew or extend leases upon any terms and for any period or periods of time and to amend, change or modify leases and the terms and provisions thereof at any time or times hereafter; to contract to make leases and to grant options to lease and options to renew leases and options to purchase the whole or any part of the reversion and to contract respecting the manner of fixing the amount of present or future rentals; to partition or to exchange said property, or any part thereof, for other real or personal property; to grant easements or charges of any kind; to release, convey or assign any right, title or interest in or about or easement appurtenant to said premises or any part thereof; and to deal with said property and every part thereof in all other ways and for such other considerations as it would be lawful for any person owning the same to deal with the same, whether similar to or different from the ways above specified, at any time or times hereafter.

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In no case shall any party dealing with said trustee in relation to said premises, or to whom said premises or any part thereof shall be conveyed, contracted to be sold, leased or mortgaged by said trustee, be obliged to see to the application of any purchase money, rent, or money borrowed or advanced on said premises, or be obliged to see that the terms of this trust have been complied with, or be obliged to inquire into the necessity or expediency of any act of said trustee, or be obliged or privileged to inquire into any of the terms of said trust agreement; and every deed, trust deed, mortgage, lease or other instrument executed by said trustee in relation to said real estate shall be conclusive evidence in favor of every person relying upon or claiming under any such conveyance, lease or other instrument, (a) that at the time of the delivery thereof the trust created by this Indenture and by said trust agreement was in full force and effect; (b) that such conveyance or other instrument was executed in accordance with the trusts, conditions and limitations contained in this Indenture and in said trust agreement or in some amendment thereof and binding upon all beneficiaries thereunder; (c) that said trustee was duly authorized and empowered to execute and deliver every such deed, trust deed, lease, mortgage or other instrument; and (d) if the conveyance is made to a successor or successors in trust, that such successor or successors in trust have been properly appointed and are fully vested with all the title, estate, rights, powers, authorities, duties and obligations of its, his, hers, or their predecessor in trust.

The interest of each and every beneficiary hereunder and of all persons claiming under them or any of them shall be only in the earnings avails and proceeds arising from the sale or other disposition of said real estate, and such interest is hereby declared to be personal property, and no beneficiary hereunder shall have any title or interest, legal or equitable, in or to said real estate as such, but only an interest in the earnings, avails and proceeds thereof as aforesaid.

And the said grantor _____ hereby expressly waives _____ and releases _____ any and all right or benefit under and by virtue of any and all statutes of the State of Illinois, providing for the exemption of homesteads from sale on execution or otherwise.

In Witness Whereof, the grantor _____ aforesaid has _____ hereunto set _____ her _____ hand _____ and seal

_____ this 1st day of February, 2009

X Helen Wolff (SEAL)

Helen Wolff

State of Illinois, County of COOK ss.

EXEMPT UNDER PROVISIONS OF PARAGRAPH E SECTION 4, REAL ESTATE TRANSFER TAX ACT

02-01-09

DATE

Daniel Kennedy REPRESENTATIVE

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that

HELEN WOLFF, a widow and not since remarried,

personally known to me to be the same person whose name _____ is _____ subscribed

IMPRESS
SEAL
HERE

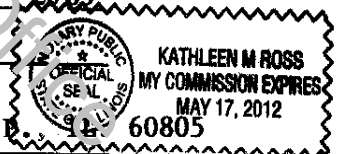
to the foregoing instrument, appeared before me this _____ day in person, and acknowledged that _____ she

signed, sealed and delivered the said instrument as _____ her _____ free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this 1st day of February, 2009

Commission expires May 17, 2012

Kathleen M. Ross
NOTARY PUBLIC



This instrument was prepared by Dowd, Kennedy & Dowd, 9401 So. Pulaski Rd., E.P.

(Name and Address)

*USE WARRANT OR QUIT CLAIM AS PARTIES DESIRE

SEND SUBSEQUENT TAX BILLS TO:

(Name)

Helen Wolff
(Name)

MAIL TO: _____
(Address)

10716 So. Green Bay Ave.
(Address)

(City, State and Zip)

Chicago, IL. 60617
(City, State and Zip)

OR RECORDER'S OFFICE BOX NO. _____

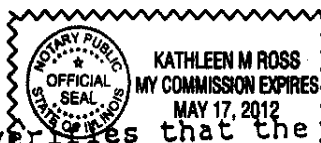
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The Grantor or his Agent affirms that, to the best of his knowledge, the name of the Grantee shown on the Deed or Assignment of Beneficial Interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated February 1, 2009

Signature: X Helen Wolff
Grantor or Agent

Subscribed and sworn to before me by the said Helen Wolff this 1st day of February, 20 09
Notary Public Kathleen M. Ross

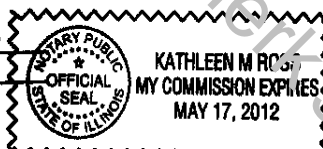


The Grantee or his Agent affirms and verifies that the name of the Grantee shown on the Deed or Assignment of Beneficial Interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated February 1, 2009

Signature: X Helen Wolff
Grantee or Agent

Subscribed and sworn to before me by the said Helen Wolff this 1st day of February, 20 09
Notary Public Kathleen M. Ross



NOTE: Any person who knowingly submits a false statement concerning the identity of a Grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

(Attach to Deed or ABI to be recorded in Cook County, Illinois, if exempt under the provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)



EUGENE "GENE" MOORE

RECORDER OF DEEDS / REGISTRAR OF TORRENS TITLES
COOK COUNTY, ILLINOIS

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INDIANA STATE DEPARTMENT OF HEALTH

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

CERTIFICATE OF DEATH

State No. _____ Date Issued Aug 1, 2005 *R.R. Ramey, MD* Hammond Health Commissioner

Local No. 503

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Daniel R. Wolff		2 SEX Male	3a. TIME OF DEATH 2:05P. M	3b. DATE OF DEATH (Month, Day, Yr.) July 28, 2005	
4. *SOCIAL SECURITY NUMBER 324-20-7707A	5a. AGE—Last Birthday (Years) 80	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) Oct. 23, 1924	
7 BIRTHPLACE (City and State or Foreign Country) Farrell, PA.	9a. PLACE OF DEATH (Check only one See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	9b. FACILITY NAME (If not institution, give street and number) Select Speciality Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Hammond	
9d. COUNTY OF DEATH Lake		10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Helen Trkula	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Laborer	
12b. KIND OF BUSINESS/INDUSTRY Steel		13a. RESIDENCE—STATE Illinois	13b. COUNTY Cook	13c. CITY, TOWN, OR LOCATION Chicago	
13d. STREET AND NUMBER 10716 S. Green Bay Avenue		13e. ZIP CODE 60617	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16. RACE—American Indian, Black, White, etc. (Specify) White	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) _____		
18. FATHER'S NAME (First, Middle, Last) Thomas Wolff		19. MOTHER'S NAME (First, Middle, Maiden Surname) Veronica Persic			
20a. INFORMANT'S NAME (Type/Print) Helen Wolff		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10716 S. Green Bay Avenue Chicago, IL 60617		20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) August 1, 2005 Oak Hill Cemetery		21c. LOCATION—City or Town, State Hammond, IN.	
22a. EMBALMER'S NAME Robert A. Oberman		22b. EMBALMER'S LICENSE NO. 034-011043		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Eric J. Bunn</i>		24b. LICENSE NUMBER (If Licensee) 8601763	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish FH #3002819 5840 Hoffman Ave. Hammond, IN 46320 (for Kampare FH Chicago, IL 60617 signature only)		
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
a. SEVERE CORONARY ARTERY DISEASE FEW MONTHS					
b. DUE TO (OR AS A CONSEQUENCE OF) CONGESTIVE HEART FAILURE FEW MONTHS					
c. DUE TO (OR AS A CONSEQUENCE OF)					
d. DUE TO (OR AS A CONSEQUENCE OF)					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
SEPSIS - PNEUMONIA					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No		
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c. MEDICAL LICENSE NO. 36-049259	
29d. DATE SIGNED (Month, Day, Year) 7/30/05		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) MAYNOR SITAH 1479 BANG RD CABUMET CITY IL 60409			
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			32. DATE FILED (Month, Day, Year) August 1, 2005		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			